



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**LICENSE EXEMPT RESIDENTIAL  
CARE FACILITY NOTIFICATION**

☐ New ☐ Supplemental Update

DATE

REASON FOR UPDATE

**RESIDENTIAL CARE FACILITY INFORMATION**

FACILITY NAME		STREET ADDRESS	
MAILING ADDRESS		PHONE NUMBER	FACILITY EMAIL ADDRESS

**RESIDENTIAL CARE FACILITY STAFF INFORMATION**

DIRECTOR'S NAME/PHONE	OWNER'S NAME/PHONE	OPERATOR'S NAME/PHONE
DIRECTOR'S EMAIL ADDRESS		FACILITY CONTACT
TYPE OF AGENCY <input type="checkbox"/> License exempt foster home <input type="checkbox"/> Camp <input type="checkbox"/> Boarding School <input type="checkbox"/> Congregate Care Facility <input type="checkbox"/> Other (describe) _____		

**OPERATING AGENCY OR ORGANIZATION OPERATING THE FACILITY**

NAME
DESCRIPTION, INCLUDING A STATEMENT AS TO WHETHER THE AGENCY OR ORGANIZATION IS INCORPORATED TO INCLUDE STATE OF INCORPORATION AND CORPORATE (ATTACH ADDITIONAL PAGES IF NECESSARY):

**SPONSORING ORGANIZATION INFORMATION**

NAME	ADDRESS
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LIST SCHOOL(S) AND ADDRESS ATTENDED BY THE CHILDREN SERVED BY THE RESIDENTIAL CARE FACILITY (ATTACH ADDITIONAL PAGES IF NECESSARY):



SUPPLEMENTAL DOCUMENTS - If No or Not Required, please provide detailed statement regarding reason certificates not provided			YES	NO	NOT REQUIRED
Approved fire and safety inspection certificate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Local health department inspection certificate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency policy showing that medical records are maintained for each child			<input type="checkbox"/>	<input type="checkbox"/>	

List all staff members, volunteers, and any individual eighteen (18) years or older who reside on the property of the residential care facility (attach additional pages if necessary)

[illegible]



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SUBMITTED BY

DATE

I hereby attest and affirm, subject to the penalties of perjury, that I am the Director of the facility or the Director's designee, and that I am authorized to execute this Notification ☐ Supplemental Notification ☐ and attestation on behalf of the notifying entity and that the information contained in the Notice and the supporting materials are true, accurate, and complete. I hereby further attest and affirm that the facility actually maintains medical records for each child served by the facility according to the written policy of the facility, a copy of which is submitted as supporting materials to this Notification.

I further certify, under oath and subject to penalty of perjury, that all individuals who are required to successfully complete background checks pursuant to 210.493 and 13 CSR 35-71, have completed background checks and are eligible as provided by law.

DRAFT

SIGNATURE

DATE